CHILDREN WITH GENETIC/METABOLIC CONDITIONS IN **EDUCATIONAL SETTINGS General Guiding Principles** Support typical routines as much as possible. Learn about specific conditions – knowledge is power! Students learn the typical curriculum but, if Attend to the child's need to belong socially in classroom necessary, consider: What supports does student need to Work with child's medical home and family to and be a full participant and contributor in classroom make event successful? develop a school plan for emergency Organizational supports • Obtain copy of medical home's care Shorter assignments – focus on key ideas Make positive assumptions Supervision plan/emergency plan Assume competence Role of volunteers Expand curriculum What training for staff is needed? Have high expectations Transportation Allow student to have reduced material load Who needs to know the plan? Possible accommodations categories Medicine Access to materials in alternative modes Presentation of information o Response Any supports for fire drills and evacuations? Accessibility Change in setting Timing Test scheduling Medical management plan Temperature regulation Provide encouragement Classroom assignment Setting Medical equipment must go with student Bathroom facilities Extended time in testing Organization Worksheet testing Involve school nurse in developing plan Use of assistive devices-calculator, voice Snacks, food Volume of work Behavior output computer • Peer support Seating arrangement Get copies of notes Be sensitive about disclosing information in front of CHILD MAY NEED Extra time between classrooms classmate that might make the student stand out AN EMERGENCY CHILD WILL Shortened day CHILD FATIGUES Consider incorporating transition plans whenever PLAN ATTEND SPECIAL **EASILY** needed TRIPS/FUNCTIONS • Support typical when possible/if needed Consider Developing: • Allow snacks/food in class CHILD NEEDS • **IFSP** (Individualized Family • Check on snacks brought in CHILD HAS **SPECIALIZED** CHILDREN WITH Service Plan), IEP **EDUCATION** DIETARY/ • Allowed to go to office (Individual Educational Plan), **SUPPORT** MEDICAL NEEDS • Determine who is allowed to administer SERVICES DIFFERENCES or **504 Plan**. medications-what training do they need **GENETIC/METABOLIC CONDITIONS** • Determine where locked medications are * See following page for more stored information. CHILD'S CONDITION Needs water bottle IN EDUCATIONAL SETTINGS DECLINES/CHANGES CHILD NEEDS Bathroom break COMMUNICATION • Involve school nurse CHILD HAS **SUPPORTS** INCREASED Frequent screens for vision/hearing changes CHILD NEEDS ABSENCES DUE in child SENSORY SUPPORTS CHILD NEEDS Make sure child has a TO ILLNESS Watch for new/different learning needs SUPPORTS FOR PAIN **BEHAVIORAL** reliable method of SUPPORTS Watch for changes at transitions, procedures, communication across Support participation in regular puberty, etc Incorporate sensory supports in settings curriculum as much as possible. When Seek a Functional Behavioral Consider additional accommodations if classroom (i.e. rocking chair for Ensure access to necessary: Assessment – identify condition declines reading) alternative and • Allow video/skyping triggers, new skills to teach & Read on specific condition/syndrome to be Have a signal for when student augmentative Change in workload aware of possible changes due to decline adult response needs to leave for home or nurse communication Get copies of notes Consider change in seating Does the child have an • Assignments/testing may need methods/devices Peer tutoring effective way to What accommodations for sensory, physical, adjusting Make sure people are Second set of books at home communicate? and communication needs are necessary?

Does the school have a

effort?

school-wide positive supports

• What assistance do they need to be

successful?

• Consult OT, nurse, teachers, PT

calming technique (i.e. Alert

Consider self-monitoring &

Program)

trained to use equipment

communicate with student

and in how to

Substitute alternatives for

assignments

Home tutor

*IFSP

If a child is <u>under age 3</u> and is found eligible for an early supports and services or early intervention program (names vary depending on the state), an IFSP or Individualized Family Service Plan is developed. This plan is created around the family's strengths. It is a process designed to facilitate the child's development and serve as a roadmap for the early intervention system.

Note: Some states continue IFSPs *after* age 3.

*Both 504 and IEP Plans

- Have accommodations and modifications
- o Can provide related services such as OT, PT, and speech
- o The student can keep same placement and can stay in regular classroom
- o Safeguards
 - Parental notices of evaluation or placement
 - Parental review of records
 - Impartial hearing for appeal
- o Possible accommodations categories
 - Presentation of information
 Response
 - Timing
 - Setting
 - Worksheet testing
- Test scheduling
- Classroom assignment
- Seating arrangement
- Be sensitive about disclosing information in front of classmate that might make the student stand out

504 Plan

- Child w/physical or emotional disabilities, recovering from chemical dependency, impairment that restricts 1 or more major life activities
- Has a condition that impacts major life activities including caring for oneself, performing manual tasks, vision, hearing, speaking, walking, breathing, writing and learning

IEP

Behavior

Organization

Volume of work

- Children who have a disability and need accommodations, modifications, related and special education services to allow the child to be successful in school
- The disability has to interfere with the students education and performance
- Safeguards
 - Written prior notice of all evaluations, changes to IEP and placement
 - o Right to independent evaluations at public schools especially
 - Arbitration or mediation w/disagreement or administrative complaint process
- Allows for direct/indirect services w/student or consultation services between special education teacher and classroom teacher